



A Consumer's Guide To...

Medicare Supplement Insurance
3rd QUARTER 2012
(premium comparison chart)



A Publication of The Maine Bureau of Insurance

Paul R. LePage
Governor



Eric A. Cioppa
Superintendent

MEDICARE SUPPLEMENT INSURANCE

Medicare supplement insurance is available from various insurance companies and insurers. These policies cover some of the expenses not paid by Medicare. Medicare Advantage plans and Medicare Part D are not Medicare supplement coverage. Medicare Advantage plans are offered by companies that contract with Medicare to provide you with all of your Medicare Part A and Part B benefits. For more information on these plans or information on what Medicare does and does not pay, please read the federal booklet, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*. The booklet is available for free from the Maine Bureau of Insurance or your nearest Social Security Administration Office. A more detailed source of information about Medicare is "*Medicare & You*" available from the Social Security Administration or on-line at: www.medicare.gov.

Insurers may sell 10 standard plans plus one high deductible plan which are required to be identified by letter. The plans are labeled: A, B, C, D, F, G, K, L, M, and N plans. Plan F also has an option called High Deductible Plan F. See page 5 for details regarding benefits under the high deductible plan.

2010 MEDICARE SUPPLEMENT PLANS

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) established a set of standardized plans. The original standardized Medicare supplement plans, referred to as 1990 Plans, are no longer be available for sale after May 31, 2010. The 2010 plans are very similar to the original standardized plans and maintain the same alphabetic lettering. A Hospice benefit has been added to the core benefits. Preventative and At-Home Recovery benefits are not covered by the 2010 Medicare supplement plans.

If you currently have a Medicare supplement plan, you will be able to keep that coverage for as long as you pay the premium. You may also switch to a 2010 plan with the same letter as your current coverage.



Plan A is the one plan that **must** be offered by all insurers. New requirements also require an insurer to sell either Plan C or Plan F in addition to Plan A. Insurers may sell any *or* all of the other plans. The comparison chart on page 8 is to help you to compare the policies approved for sale in Maine. Policy benefits are the same for all plans with the same letter, so **price and service** will be important to think about when you buy a policy.

Medicare supplement policies are guaranteed to be renewed each year, as long as you pay the premium; however, **the premium may go up each year.**

All Medicare supplement policies sold in Maine must have a 30-day *Free Look* period. This means that if for any reason you are not happy with the policy you bought, you can return it to the agent or the insurance company and all money paid will be returned to you. The policy will be treated like it was never issued.

IF YOU ARE TURNING AGE 65 *or* ENTITLED TO MEDICARE DUE TO A DISABILITY

Open Enrollment Period

If you apply for Medicare supplement coverage during the six-month period beginning with the first month in which you enroll for Medicare Part B, any insurer you apply to must insure you and must give you the plan you choose. This is called your **open enrollment** period. It does not matter what your medical condition is, you cannot be turned down.

Insurers may ask you medical questions during the open enrollment period; however, even if you have medical problems, you cannot be refused coverage during **open enrollment**. Disabled Medicare beneficiaries have an additional six-month open enrollment period when they turn age 65. If you are **65 and still working**, you should check with Medicare about whether to sign up for Medicare Part B.

APPLYING FOR A POLICY OTHER THAN IN THE OPEN ENROLLMENT PERIOD

If you are buying a Medicare supplement policy and you are not in the "open enrollment" period, some policies may still be available to you. Each insurer must hold a one-month guaranteed issue period each year when any applicant will be accepted in Plan A. (The insurer decides which month. See the chart on page 11.) Insurers are not *required* to offer other Medicare supplement plans during this period.

In Maine, if you are careful never to go without coverage that supplements Medicare (such as individual health insurance coverage, group health insurance coverage, MaineCare coverage, or Medicare supplement coverage) for more than 90 days, Medicare supplement insurers must offer you a Medicare supplement policy. It is best not to leave a gap in coverage because many states have time periods shorter than 90 days.

In Maine, you *generally* have the right to **change** Medicare supplement *plans* as long as you change to a plan with the **same** benefits **or** a plan with **lesser** benefits from the same or a **different** insurer and you have never had a gap in coverage of 90 days.

If you buy a lower benefit Medicare supplement plan, you may not be able to enroll in the higher benefit plan you want later on. See the chart on the next page to determine which plans you can change to in the future. The X shows the plans that are available to you. For example, a person who currently has plan C can change to plans A, B, D, and high deductible plan F. **For example, once you buy Plans K or L, you may only be able to switch to another Plan K, L or High Deductible F due to the level of benefits that are covered.**



If you have Medicare supplement coverage issued before January 1, 1992, you can replace the policy that you have with any plan offered by the **same** insurer. You may also switch to another insurer as long as you change to a plan with the **same** benefits or a plan with **lesser** benefits and you have never had a gap in coverage of 90 days. The insurer can't refuse to give you the coverage. For more information about Medicare supplement coverage, you may call the Bureau of Insurance toll free (in state) at (800) 300-5000.

Medicare Advantage

Federal law only allows Medicare Advantage enrollees to drop that coverage at certain times. When you disenroll from Medicare Advantage, you remain enrolled in Medicare Parts A and B, so your coverage automatically reverts to original Medicare - you do not need to re-enroll. For information about how to switch to original Medicare, you can call CMS, the federal agency that runs the Medicare program, at 1-800-MEDICARE.

If you switch to original Medicare, your ability under Maine law to enroll in a Medicare supplement plan depends on how long you were enrolled in Medicare Advantage. Recent Maine legislation extended the Medicare Advantage "trial period" from one year to three years. If you enroll in Medicare Advantage during your seven-month open enrollment period when you are first eligible for Medicare, and then switch to original Medicare within three years, you have the right to buy the Medicare supplement plan of your choice as long as you buy it within 90 days after your Medicare Advantage coverage ends. After 36 months, the insurer generally has the choice whether or not to issue a policy, which means you may need to qualify based on health status; however, each insurer offering Medicare supplement coverage must have a one-month guaranteed issue period each year during which any Medicare beneficiary may buy Medicare supplement Plan A, the basic plan.

Use this chart if you currently have a Medicare supplement policy but are thinking about changing to another plan.

The “X” in the chart below shows the plans that are available to you if you are considering changing the Medicare supplement plan that you currently have. For example, a person who currently has plan C can change to plans A, B, D, K, L, M, N, and high deductible plan F (those boxes marked with an “X”).

The 1990 and 2010 Standardized Medicare supplement plans of the same letter are considered comparable for purposes of switching coverage.

Your Current Plan	Replacing Plan										
	A	B	C	D	F	F with High Deductible	G	K	L	M	N
A	X					X					
B	X	X				X					
C	X	X	X	X		X		X	X	X	X
D	X	X		X		X		X	X	X	X
E *	X	X		X		X		X	X	X	X
F	X	X	X	X	X	X	X	X	X	X	X
F with a High Deductible						X					
G	X	X		X		X	X	X	X	X	X
H *	X	X	X	X		X		X	X	X	X
I *	X	X	X	X	X	X	X	X	X	X	X
J *	X	X	X	X	X	X	X	X	X	X	X
K						X		X			
L						X		X	X		
M	X					X		X		X	
N	X					X		X	X		X

* These plans will no longer be available to purchase; however, you can keep your current policy for as long as you pay the premium.

EXPLANATION OF CORE BENEFITS INCLUDED IN ALL PLANS

Plan A - Basic Core Benefits

The following are the basic benefits for Plan A. These benefits are also included in Plans B through N.

- ❑ Medicare Part A co-insurance for the 61st through the 90th day in the hospital (\$289 a day in 2012);
- ❑ Medicare Part A co-insurance for any hospital confinement beyond the 90th day, up to an additional 60 days during the policyholder's lifetime (\$578 a day in 2012);
- ❑ After using all the Medicare hospital inpatient coverage, including the lifetime reserve days, all Medicare-eligible hospital charges will be covered up to 365 additional days during the policyholder's lifetime;
- ❑ The reasonable cost of the first three pints of blood each year under Medicare Part A and Part B;
- ❑ The 20% co-insurance amount under Medicare Part B (doctor and other medical bills) **after** the policyholder pays the Medicare Part B deductible which is \$140 in 2012. For outpatient mental health services, the 45% co-insurance amount after the deductible is paid.
- ❑ Hospice coverage for Medicare copayment/coinsurance when there is a doctor's certification of terminal illness.

Additional Benefits Found in Plans B through N

The following list describes the additional benefits that may be included in plans B through N.

The chart on page 7 shows which benefits are included in each plan.

❖ **Medicare Part A Deductible:**

Payment for all of the Medicare Part A inpatient hospital deductible. (The Medicare Part A deductible is \$1,156 in 2012.)

❖ **Skilled Nursing Facility Care:**

Coverage up to the co-insurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care (\$144.50 a day in 2012).

❖ **Medicare Part B Deductible:**

Coverage for all of the Medicare Part B deductible (\$140 in 2012). Medicare Part B covers doctor and other medical bills.

❖ **One Hundred Percent of the Medicare Part B Excess Charges:**

Coverage for all of the difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge not to exceed any charge limit set by the Medicare program or state law.

❖ **Medically Necessary Emergency Care in A Foreign Country:**

Coverage for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency care received in a foreign country. Care must have started during the first 60 days in a row of each trip outside the United States. This benefit has a \$250 calendar year deductible and a lifetime maximum benefit paid of \$50,000.

❖ **High Deductible Plan "F":** (see page 10 for companies and premiums)

Plan F also has an option called High Deductible Plan F offered by several companies. This high deductible plan offers the same benefits as the regular Plan F but the **benefits do not start until after** you pay a calendar year deductible of \$2,070 (this deductible can go up every year). Some of the expenses you will have to pay to satisfy this high deductible include the Medicare deductibles for Parts A and B, **but does not include** the Plan "F". Foreign Travel Emergency deductible. The Foreign Travel Emergency deductible must be paid *regardless* of whether you have met the \$2,070 high deductible. Also, you cannot count the Foreign Travel Emergency deductible toward the \$2,070 high deductible.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is available through Medicare Part D. Medicare supplement policies with drug coverage are no longer sold.

PRE-EXISTING CONDITIONS

Some policies will not cover pre-existing medical conditions for the first six months the policy is in effect. A pre-existing medical condition is a condition for which you received medical advice or treatment was recommended by or received from a physician six months before the policy is issued. Even if you buy a Medicare supplement policy during your "open enrollment" period, the policy may still not pay for pre-existing conditions for up to six months. The premium comparison chart has a column which shows the policies that do not cover pre-existing conditions.

If you had prior health insurance coverage and replace it with a Medicare supplement policy, you cannot be made to satisfy a new pre-existing condition exclusion for similar benefits. This is true whether the prior policy is group coverage through an employer, individual coverage, or another Medicare supplement policy.

COST

The premium comparison chart shows **annual** premiums at the time this brochure was printed. Semi-annual, quarterly, and monthly premiums may be available. *These premiums are subject to change and should be verified with the company or producer for accuracy.*



The cost for Medicare supplement policies cannot vary based on your age or gender; however, some companies charge a higher rate if you smoke. For these companies, both rates are shown in the chart. Rates may vary depending upon where you live. If you have a Medicare supplement policy and change your address, your renewal rate may change depending upon the insurer's claims experience within that location.

Some companies offer discounts. Anthem Blue Cross/Blue Shield gives a temporary discount if you purchase a policy no later than three months after either your 65th birthday or your retirement from an eligible group. The rates in this brochure are also on our web site and are updated as they become available at: www.maine.gov/insurance under *Consumer Information and Services* and then *Publications, brochures*.

Plans C and F

For some companies, the annual premium for Plan C exceeds that for Plan D (or Plan F exceeds the premium for Plan G) by more than the additional benefit provided. This additional benefit covered by Plan C (and Plan F) is the Medicare Part B annual deductible which is \$140 in 2012. Therefore, you may want to consider buying Plan D instead of Plan C (or Plan G instead of Plan F) to save money. The company must disclose this rate difference in their outline of coverage when premiums for Plan C exceed Plans D (or Plan F exceeds Plan G).

ADDITIONAL COVERAGE OPTIONS

In addition to the policies listed in the following pages, some insurance companies issue Medicare supplements through association groups. If you are a member of an association you may be able to purchase a group Medicare supplement through that association. Companies such as Monumental, Union Labor Life, Transamerica, and Globe Life are licensed and approved to sell group Medicare supplement policies.

The following pages show the medical benefits that are covered by your Medicare supplement policy. If you are not sure what Medicare pays, please read the Federal booklet, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, which is available free from the Maine Bureau of Insurance, from your nearest Social Security Administration, or on-line at www.medicare.gov. You may be responsible for charges that are not paid by either Medicare or your Medicare supplement policy.

Medicare Supplement insurance can only be sold in ten standard plans and one high deductible plan - Plan F. The chart below shows the benefits included in each plan. Every company **must** make Plan A available.

See page 5 for a description of the benefits listed in this chart.

PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN G	PLAN K*	PLAN L*	Plan M	Plan N
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	50% Basic Benefits except 100% Part A Co-insurance	75% Basic Benefits except 100% Part A Co-insurance	Basic Benefits	Basic, except up to \$20 co-payment for office visit and up to \$50 co-payment for ER
		Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	50% Skilled Nursing Co-insurance	75% Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$4,660; paid at 100% after limit reached	Out-of-pocket limit \$2,330; paid at 100% after limit reached		

*Plans K and L provide for different cost-sharing for items and services than Plans A through G. Once you reach the annual limit (\$4,660 for Plan K and \$2,330 for Plan L in 2012), the plan pays 100% of the Medicare co-payments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges. The out-of-pocket annual limit will increase each year for inflation.

IMPORTANT! READ THE EXPLANATORY INFORMATION BEFORE USING THE FOLLOWING CHARTS.

COMPANY	PRE-EXISTING EXCLUSION PERIOD	PLAN A	PLAN B	PLAN C**	PLAN D
Anthem Blue Cross	3 Months	\$1,537.44			
Colonial Penn Life	None	NS: \$2,040.09 S: \$2,371.07	NS: \$2,416.56 S: \$2,808.52		
Columbian Mutual Life	None	Effective 10/01/12: NS: \$1,773.44 S: \$2,038.44			
		NS: \$1,642.11 S: \$1,887.48			
Combined Insurance Co.	None	\$2,177.65			
Equitable Life & Casualty	None	NS: \$2,122.00 S: \$2,526.00			
Globe Life	6 Months	\$1,083.00	\$1,708.00	\$1,972.00	
GPM Life	None	Effective 10/01/12: NS: \$1,896.00 S: \$2,179.32		Effective 10/01/12: NS: \$2,647.38 S: \$3,042.96	
		NS: \$1,648.68 S: \$1,895.04		NS: \$2,302.02 S: \$2,646.00	
HPHC Insurance Co.	None	\$ 1,344.00			
Humana	3 Months	Proposed 10/01/12: NS: \$1,966.20 S: \$2,938.80	Proposed 10/01/12: NS: \$2,139.84 S: \$3,198.48	Proposed 10/01/12: NS: \$2,443.80 S: \$3,652.56	
		NS: \$1,863.72 S: \$2,785.56	NS: \$2,028.36 S: \$3,031.68	NS: \$2,338.56 S: \$3,495.36	
Humana*	3 Months	NS: \$2,026.08 S: \$2,971.92			
Mutual of Omaha	None	NS: \$2,400.83 S: \$2,759.58		NS: \$3,957.83 S: \$4,549.23	NS: \$3,153.14 S: \$3,624.30
State Farm	None	Effective 01/01/13: \$1,662.00		Effective 01/01/13: \$2,507.00	
		\$1,606.00		\$2,422.00	
United American	60 Days	\$1,902.00	\$2,874.00	\$3,392.00	\$3,251.00
United HealthCare (for AARP members)	3 Months	NS: \$1,284.00 S: \$1,412.40	NS: \$1,692.00 S: \$1,861.20	NS: \$1,944.00 S: \$2,138.40	
United of Omaha	None	NS: \$1,586.28 S: \$1,823.31			
USAA Life	6 Months	NS: \$2,070.60 S: \$2,272.56			

Note: premiums may vary due to smoking status. **NS:** Non-smoker, **S:** Smoker.

*Reader's Digest with dental and vision

**See page 6 under Cost for an explanation regarding premium differences for Plan C and Plan F.

++ Premium cost for companies offering a *high deductible Plan F* are shown on page 10.

PLAN F* ++	PLAN G	PLAN K	PLAN L	PLAN M	PLAN N	COMPANY
\$ 2,230.56	\$ 2,107.92				\$ 1,539.12	Anthem Blue Cross
NS: \$2,636.27 S: \$3,063.79	NS: \$2,462.05 S: \$2,861.32	NS: \$937.08 S: \$1,089.05	NS: \$1,590.42 S: \$1,848.42	NS: \$2,171.22 S: \$2,523.36	NS: \$1,561.62 S: \$1,814.93	Colonial Penn Life
Effective 10/01/12: NS: \$2,677.23 S: \$3,077.28	Effective 10/01/12: NS: \$2,213.38 S: \$2,544.12					Columbian Mutual Life
NS: \$2,478.87 S: \$2,849.28	NS: \$2,049.48 S: \$2,355.72					
\$2,881.78						Combined Insurance Co.
NS: \$3,111.60 S: \$3,721.20					NS \$2,263.20 S: \$2,706.00	Equitable Life & Casualty
\$1,993.00						Globe Life
Effective 10/01/12: NS: \$2,711.27 S: \$3,116.40	Effective 10/01/12: NS: \$2,076.83 S: \$2,387.16				Effective 10/01/12: NS: \$1,760.08 S: \$2,023.08	GPM Life
NS: \$2,357.67 S: \$2,709.96	NS: \$1,854.35 S: \$2,131.44				NS: \$1,644.93 S: \$1,890.72	
\$ 1968.00				\$ 1,428.00	\$1,356.00	HPHC Insurance Co.
Proposed 10/01/12: NS: \$2,493.60 S: \$3,727.20		Proposed 10/01/12: NS: \$1,131.12 S: \$1,690.68	Proposed 10/01/12: NS: \$1,638.96 S: \$2,449.56			Humana
NS: \$2,386.32 S: \$3,566.64		NS: \$1,092.96 S: \$1,633.56	NS: \$1,553.52 S: \$2,321.88			
NS: \$2,500.32 S: \$3,680.64		NS: \$1,280.76 S: \$1,857.84			NS: \$1,830.84 S: \$2,680.08	Humana*
NS: \$3,188.45 S: \$3,664.89	NS: \$2,779.34 S: \$3,194.64			NS: \$2,385.64 S: \$2,742.12		Mutual of Omaha
Effective 01/01/13: \$2,532.00						State Farm
\$2,446.00						
\$3,456.00	\$3,273.00	\$1,519.00	\$2,139.00		\$2,217.00	United American
NS: \$1,968.00 S: \$2,164.80		NS: \$732.00 S: \$805.20	NS: \$1,170.00 S: \$1,287.00		NS: \$1,353.00 S: \$1,488.24	United HealthCare (for AARP members)
NS: \$ 2,203.13 S: \$2,532.33	NS: \$ 2,037.91 S: \$2,342.43			NS: \$ 1,751.49 S: \$2,013.21		United of Omaha
NS: \$2,335.80 S: \$2,570.40						USAA Life

Every effort is made to provide accurate information; however, rates and information may change after this brochure is printed.

Companies offering high deductible Plan F with premiums

Company	High Deductible Plan F Cost*		Deductible
	Non-smoker	Smoker	
Anthem Blue Cross/ Blue Shield	\$626.40		\$2,070 in 2012**
Colonial Penn Life	\$ 632.61	\$735.27	\$2,070 in 2012**
Humana	\$894.84	\$1,337.52	\$2,070 in 2012**
Humana – Reader’s Digest/ dental & vision	\$1,095.84	\$1,581.48	\$2,070 in 2012**
United American	\$712.00		\$2,070 in 2012**

*See page 5 for the benefits that are included in this policy.

**Note: the deductible may increase every year.

Medicare Select Policies

Medicare Select policies are also standardized plans; however, to receive full hospital benefits you must use participating hospitals that are in the network. These select policies generally cost less because of restrictions that affect where you can go to get treatment. Review all policy information carefully to be sure that you understand how the provider network limits and restrictions may affect you. If you do not follow the Medicare Select policy requirements, Medicare will still pay its portion of the bill; however, the Medicare Select company is not required to pay the full benefits under the policy and will deny payment or pay less than the full benefit if you go outside the network for non-emergency services.

There are no Medicare Select policies approved for new sales in Maine at this time.

Policies with Innovative Benefits

An insurance company may offer Medicare supplement policies with innovative benefits in addition to the standardized benefits. For example: in addition to their standard Medicare supplement policies, Humana is offering new policies that are marketed with Reader's Digest that cover dental and vision benefits.

Fraternal Benefit Societies

Fraternal benefit societies differ significantly from insurance companies. They are not covered by some provisions of the Maine Insurance Code and do not include a number of consumer protections. For example, coverage sold by a fraternal is not covered by guaranty funds. In addition, fraternal benefit society insurance benefits are legally required to be assessable. This means that if the society's claims paying ability becomes impaired, the members may be required to pay their proportional share of the deficiency. Fraternal benefit societies are subject to significantly reduced capital and surplus requirements, and are not typically rated by A.M. Best or other industry rating agencies. For further information, please contact the Bureau of Insurance.

GUARANTEE ISSUE PERIOD FOR PLAN A

The chart below shows when you will be accepted in Plan A no matter what medical conditions you may have.

We have tried to list toll-free numbers where possible; however, not all companies have 800 numbers available and the numbers we have listed are likely to change without notice. You may want to contact a local company producer before calling the numbers listed here.

The month that each insurer chooses to offer Plan A is subject to change from what is listed below.

Company	Guarantee Issue Period for Plan A	Telephone Number
Anthem Blue Cross/Blue Shield	All Year	800-585-0099 (in state) 207-822-7878 (out of state)
Colonial Penn Life	All Year	800-800-2254
Columbian Mutual Life	June	866-297-2372
Combined	December	773-275-8000
Equitable Life & Casualty	February	800-352-5150
Globe Life	December	800-801-6831
GPM Life	June	866-242-7573
HPHC	December	800-782-0334 tty /tdd 888-259-8276
Humana	July	800-872-7294
Mutual of Omaha	June	800-775-6000
State Farm	January	Contact a local State Farm producer
United American	December	972-529-5085
United Healthcare (AARP)	May	800-245-1212
United of Omaha	June	877-778-0829
USAA Life	July	800-531-8000



“If you are entitled to Medicare and MaineCare, it is important to know your rights about Medicare supplement insurance.”

MEDICARE AND MAINECARE ELIGIBLE?

THINGS TO CONSIDER ABOUT MEDICARE SUPPLEMENT COVERAGE WHEN YOU ENROLL IN MAINECARE

- MaineCare provides more comprehensive benefits than a Medicare supplement plan (also known as a Medigap plan).
- In some cases, MaineCare may prefer to have you keep your Medicare supplement plan and pay for or subsidize your insurance premium, rather than have the Medicare supplement plan cancelled.
- If you lose your MaineCare eligibility, you have the right to enroll in any Medicare supplement plan you choose that is offered by any Maine Medicare supplement insurance carrier, as long as you do so within **90 days** of losing your MaineCare coverage.
- If you have an individual Medicare supplement plan, you may wish to “suspend” your Medicare supplement plan during the time you are eligible for MaineCare. “Suspending” the plan protects your right to re-enroll even if you move to another state. Some states require that you reinstate coverage in the same Medicare supplement plan and with the same insurance company within 60 days of losing MaineCare eligibility. Non-standardized Medicare supplement plans issued prior to 1991 cannot be “suspended” and may have better benefits than standardized “Medicare supplement” plans. If coverage under one of these plans is cancelled you **cannot** re-enroll.
- Before you consider whether to cancel a group medical plan (through an employer, retirement plan, or other type of group), check with the employer or retirement plan to determine whether the group will allow you to re-enroll (some don’t).
- For personal counseling about whether or not to keep your Medicare supplement policy when you enroll in MaineCare, or about getting a Medicare supplement policy when you lose MaineCare, you can reach a local State Health Insurance Assistance Program counselor by calling 1-877-Elders1 (1-877-353-3771).

FOR MORE INFORMATION *or*
TO RECEIVE ASSISTANCE
TO DECIDE WHAT TO DO
CALL THE AREA AGENCIES ON
AGING AT:

**1-877-ELDERS1
(1-877-353-3771)**

Area Agencies on Aging are the central resource for elder services in your area. They can help you either directly or by referring you to the appropriate agency. Call 1-877-353-3771 to contact the Area Agency on Aging in your area.

AROOSTOOK AREA AGENCY ON AGING

AROOSTOOK COUNTY

P.O. Box 1288, One Edgemont Drive

Presque Isle, ME 04769

TEL: (207) 764-3396; (800) 439-1789

www.aroostookaging.org

EASTERN AREA AGENCY ON AGING

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Bangor, ME 04401

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SOUTHERN MAINE AREA AGENCY ON AGING

CUMBERLAND and YORK COUNTIES

136 US Route One

Scarborough, ME 04074

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www.smaaa.org

Maine Bureau of Insurance
(800) 300-5000 (in Maine) or (207) 624-8475
TTY: (888) 577-6690

AFTER FIVE DAYS RETURN TO:

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Bureau of Insurance
34 State House Station
Augusta ME 04333**